For More Information

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THE APPEALS PROCESS

an explanation of the right to appeal claim decisions for participants in the state group insurance program

Claims Appeal

Before initiating a claims-related appeal, you should first contact the insurance company to get an explanation of the claims payment. If you are unable to resolve your issue, you may then request an appeal.

Appealing to the Insurance Company

Some insurance companies have their own internal appeals process (also known as grievance/complaint procedures) that must be followed prior to appealing to the state. You should refer to your member handbook to determine if this step applies to you. If you are still unsure, you should contact the toll-free customer service number given for your insurance company.

Mental Health and Substance Abuse Appeals

In most instances, mental health claims and medical claims are handled by different companies. To expedite your appeal for mental health and/or substance abuse services, make sure that you contact the company handling your mental health claims by calling their customer service number. A representative will provide you with an address for submitting an appeal. You should complete all levels of appeal through your mental health carrier's appeal process. If your appeal is denied at the final level, you may then appeal to the Division of Insurance Administration.

Administrative Appeal

You may also request a review of administrative issues, including certain decisions made on behalf of the Plans. To file this type of appeal, provide your agency's insurance preparer with a letter detailing the circumstances of your situation. The insurance preparer will forward your letter to the Division of Insurance Administration. Your correspondence will be reviewed, and you will receive a written response to your request.

Appealing to the Plan

This level of appeal is available to you if:

- You have already been through the internal appeals process offered by your insurance company without a satisfactory resolution, or
- Your insurance company does not have an internal appeals process and you have been unable to resolve your issue through their customer service department.

If either one of the above is true, you can file an appeal by writing to the Division of Insurance Administration. The address can be found on the back of this brochure.

The appeal should be in the form of a letter (from the employee) detailing the events leading to the denial of the insurance claim. Copies of all correspondence and explanation of benefits relating

to the claim should accompany the letter. Also include any other documented information, such as names of personnel you have talked with, dates of the communications, physicians' statements, etc. It is very important that you provide a phone number or email address where you can be reached during business hours so that you can be contacted with questions or information about your appeal.

The deadline for filing an appeal is two years after claim rejection.

Appeal Review

When the appeals coordinator in the Division of Insurance Administration receives your information, it will be thoroughly reviewed to determine the exact nature of your appeal. The majority of requests for appeals require additional review by the insurance company. The appeals coordinator will request that the insurance company provide (in writing) the criteria used in making its determination of benefits. The average review takes approximately 30 days to complete. Some cases take longer depending on whether additional information is needed, the response time for the requested information and the complexity of the medical condition.

Some cases may also require review by the state's independent medical consultant. The determination to request such a review will be made by the appeals coordinator in the Division of Insurance Administration.

Many appeals are resolved during this review phase of the process. If, however, your appeal is not resolved, it may be scheduled for presentation to the Staff Review Appeals Committee.

Staff Review Committee

The Staff Review Committee is composed of employees within state government selected by the Insurance Committees. The Staff Review Committee meets once a month to review appeals that have not been resolved. Prior to the Staff Review Committee meeting, you will be furnished with a copy of your case file and will have the opportunity to notify the Division of Insurance Administration if you feel that any information in the file is incorrect or incomplete. You may make a personal presentation to the Staff Review Committee, or your appeal can be reviewed based on the written record. After the Staff Review Committee has heard your appeal, their votes are tallied, and the results are forwarded to the Insurance Appeals Sub-Committee.

Appeals Sub-Committee

The Appeals Sub-Committee consists of selected State Insurance Committee members. This committee receives a written report of each appeal and is advised of the recommendation from the Staff Review Committee's meeting. After reviewing the written appeals, each Sub-Committee member votes individually by written ballot and returns the ballot to the appeals coordinator in the Division of Insurance Administration. If the majority of the Sub-Committee votes that they agree with the decision of the Staff Review Committee, the decision will stand. If, however, the majority of the Sub-Committee votes for an additional review of the case, it will be scheduled for presentation at a second meeting.

If your appeal is scheduled for a second meeting, you will again be given the opportunity to make a personal presentation. You may make a personal presentation at this level even if you did not appear at the first meeting, or your case can be reviewed on the written record.

You will receive written notification of the outcome of your appeal after all the Insurance Appeals Sub-Committee votes have been returned. It normally takes about two weeks (from the date of the first appeals meeting). The decision of the Insurance Appeals Sub-Committee is final and is the last step in the administrative appeals process.

Pursuing Further Action

If an appeal is denied by both the Staff Review Appeals Committee and the Insurance Appeals Sub-Committee, state and local education employees may take further action. Along with the notification of the decision on your appeal, you will receive information about contacting the Tennessee Division of Claims in the Department of Treasury. Local government employees may take further action through independent legal counsel.

Once you have filed a claim with the Department of Treasury, the State Attorney General's Office will be notified of your claim for damages. The following is an outline of guidelines followed by the Attorney General's office once your claim for money damages is received in their office.

Hearing

You may request a hearing from the claims commissioner. At the hearing, you will be given the opportunity to present evidence to support your claim for money damages against the state. An assistant attorney general will present evidence to the contrary. The hearing will be conducted like cases in General Sessions Court. Based upon the evidence presented at this hearing, the claims commissioner will rule on your claim.

Affidavit

This is a sworn statement by you and/or any witness in support of your claim. An affidavit must be sworn to before a notary public. If you want to have your claim decided by affidavit without a hearing, you must sign an Agreed Order of Wavier of Hearing. A claims commissioner will sign the order, and copies will be sent to you and the undersigned assistant attorney general. When you receive a copy of the order, you should file any affidavits in support of your claim in accordance with the schedule set forth in the order. Once all the affidavits are filed, the claims commissioner will decide the claim based only upon those affidavits.

Regardless of whether you choose to present your claim at a hearing or by affidavit, you must produce competent evidence in support of your claim. You have the burden of proof.